

**Fayetteville State University Campus Police Department
Complaint Report Form**

Name of Complainant: _____ Date: _____
(Please Print)

Complainant Address: _____
(Include City, State and Zip Code)

Complainant Phone
Number: Home: () _____ Work: () _____
Other: () _____

Complainant Status: ___ Student ___ Staff/Faculty ___ Visitor

Names of Departmental Employee(s) Involved:

Name: _____ Name: _____

Name: _____ Name: _____

Details of Complaint (Include date, time and location):

Mail to:
Fayetteville State University Police
Chief of Police
1200 Murchison Road
Fayetteville, NC 28301

Use back side of form if necessary

Signature of Complainant

Date